



Quality is Our Bottom Line

FTR

Insurance Committee Public Hearing

Tuesday, March 15, 2011

Connecticut Association of Health Plans

Testimony regarding

SB 1158 AAC Utilization Review, Grievances and External Appeals Processes of Health Carriers

The Connecticut Association of Health Plans respectfully requests the opportunity to continue discussions with the Committee and the Department of Insurance regarding SB 1158. While it appears that the majority of the bill is consistent with the Patient Protection and Affordable Care Act of 2010 (PPACA), we are concerned that certain provisions may go beyond the requirements of the Act particularly with respect to the external review process. Implementation of the new requirements will require considerable time and resources under the auspices of an incredibly tight timeframe. Not only will procedures need to be changed, but documentation as well. The new procedures will need to be communicated to both patients and physicians. Without affording carriers the appropriate time needed to transition smoothly into this new arena, we are concerned that significant confusion could arise which would be unfortunate since Connecticut's external appeal law is held up as a model around the country. We look forward to working with the Committee and the Department to make sure such unintended consequences are avoided.

Thank you for your consideration.